

found at: sosmt.gov/elections

# Declaration for Nomination and

ي و	Filed thisday of	20
FILING CE ONL	Document # ECE / E	
P. P	Fee paid: cash check  By: 2021	credit
	Deputy or Filing Officer	

Oath of Can	didacy	FOR F	Fee paid: Cash check  By: 202  Deputy or Filing Officer	credit
DECLARATION AND OATH OF CANDIDACY TO E	E FILED WITH SECRETARY OF STATE O	OR COUNTY ELECTION ADM	MINISTRATOR AS APPLICABLE	860
Filing for NEIGHBOR		7 0	ne of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it sho	ould appear on the ballot):	LINDA &	DAGGETT	
Mailing Address		City and State		Zip Code
415 6th AVE.	5.	GREAT	FALLS, MT	59405
Residence Address		City and State		Zip Code
SAME				
	tact Phone Email Ac 06-452-3520 L D L		Website Address Sn. Com NA	
F THIS DECLARATION IS FOR THE OFFICE OF GO	OVERNOR, YOU MUST COMPLETE THE	FOLLOWING INFORMATION	ON:	
Lieutenant Governor Name (printed exact	ly as it should appear on the ball	ot):		
Mailing Address:		Residence Address:	:	
Phone: Emai	Address:		Website Address:	
F THIS DECLARATION IS FOR THE STATE LEGISI	ATURE, YOU MUST SELECT ONE OF T	HE FOLLOWING:		
(a) I hereby affirm that I am either a legislative district if it contains all d			tains one or more legislative districts	, or of the
(b) I hereby affirm that I will meet the of the Secretary of State in writing			eding the general election and will no	otify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING	IS VALID:			
Candidate Filing Fee, if applicable, in t	ne amount of \$	is hereby submitt	ted with this Declaration and Oath of	Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN hereby affirm that I possess, or will poss	ess within constitutional and sta			stitution and laws of
the United States and the State of Monta	aggett	and the same of th	6/15/2021	
Signature of Candidate	(1)	Date	, ,	
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of COU	-16 A	~ 1	1:1	v 1
Signed and sworn to before me this	day of Une	20 by		
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801		Signature of	Printed Name of Candidate  f Notary or Public Official	est de la companya d
State Capitol Building, 1301 E. 6th Ave	and the same of th	DONNIE EQ .	- Bonne togeth	4
2 <sup>nd</sup> Floor, Room 260 Helena, MT 59620		BONNIE FOGERTY NOTARY PUBLIC for the	Printed Name of Notary Pu	blic
Online: sosmt.gov/elections/filing/	SEAL Resid	State of Montana ding at Great Falls, Montana	Notary Public for the State	of Malana
Fax: 406-444-2023	Marie OF WORKING	My Commission Expires September 3, 2021	Residing at: Choat +	- Ils mT
Where to file County, City and most Local District offices:				
County Election Office  A list of county election offices may be	[CENI/CI	744407	My commission expires:	200

[SEAL/STAMP]

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# Declaration for Nomination and Oath of Candidacy

<u>6</u>	Filed thisday of	,20
3 6	Document #	
FOR FI	Fee Paid: ash check	credit
F. P.	Ву:	
	Deputy or Filing Officer	

Oath of Candi	JUN 1 5 2021	By:	g Officer
DECLARATION AND OATH OF CANDIDACY TO BE F	ILED WITH SECRETARY OF STATE OR COUN	TY ELECTION ADMINISTRATOR AS APP	LICABLE
Filing for office of: Neighborhood	BK.	Name of Political Party	Nonpartisan
Candidate Name (printed exactly as it should	d appear on the ballot):	1 D. Lane	
Mailing Address: 1200 8 1/4 . Street or PO Box	Ave. N.	City City	//s 59401 Zip
Residence Address:Same		City	Zip
County of Residence: Laseade	Home/Mobile Pho	one: 406 188 1975 W	
Email Address: lane tray	yokoo, com Websit	te Address:	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVE	ERNOR, YOU MUST COMPLETE THE FOLLOW	MING INFORMATION	
Lieutenant Governor Name (printed exactly	as it should appear on the ballot):		
Mailing Address:	Resi	dence Address:	
Phone: Email Address:	Web	osite Address:	
(a) I hereby affirm that I am either a resilegislative district if it contains all or put (b) I hereby affirm that I will meet the resof the Secretary of State in writing will FILING FEE – FEE MUST BE PAID BEFORE FILING IS  Candidate Filing Fee, if applicable, in the	parts of more than one county, <b>OR</b> esidency qualification(s) in (a)above for then I qualify or if I do not qualify. VALID:	r 6 months preceding the general e	lection and will notify the office
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN I hereby affirm that I possess, or will possess the United States and the State of Montana	s within constitutional and statutory	deadlines, the qualifications presc	ribed by the Constitution and laws of
Signature of Candidate		Date	
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana County of	May of JUNE	20 21 by Tray [	Daniel Lane.  Name of Candidate
Where to file for Federal, Statewide, State District and Legislative offices: Montana Secretary of State State Capitol, 2 <sup>nd</sup> Floor, Room 260 PO Box 202801 Helena, MT 59620-2801	NOTARY PU	Signature of Notary or Public OMCDUNN BLIC for the	Mulder
Online: scs.mt.gov  By Fax: 406-444-2023	Great Falls My Commis	s, Montana sion Expires Notary Pu	ublic for the State of
Where to file for County, City and most Local District offices:	February	25, 2025 Residing a	at:
County Election Office A list of county election offices may be found at: sos.mt.gov/elections	(SEAL/STAK		nission expires:, 20



## Declaration for Nomination and Oath of Candidacy

5 ≧	Filed this 23 day of April 20 Z
FOR FILIN	Fee paid: cash check credi
- ō	By: Deputy or Filing Officer

Oath of Candidacy		В Ву	Deputy or Filing	Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH S	ECRETARY OF STATE OR COU	INTY ELECTION ADMINI	STRATOR AS APPL	ICABLE	
Filling for office of:    Naighbarhood (ounc)	\ \^\_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Name of	Political Party		OR Nonpartisar
Candidate Name (printed exactly as it should appear o	n the ballot):	Meyers			
Mailing Address	Cit	ty and State			Zip Code
625 318 AUCH Apt B		Great Falls,	MT		59401
Residence Address	Ci	ty and State			Zip Code
625 3 DAVEN AprB		Great Falls, P	NT.		59401
County of Residence Contact Phone	Email Address		Web	osite Address	
(ascade 406-403-)	1321 Kiking	acieregmail	, (om		
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU	MUST COMPLETE THE FOLLO	WING INFORMATION:			
Lieutenant Governor Name (printed exactly as it should	appear on the ballot):				
Mailing Address:	Re	sidence Address:			
Phone: Email Address:			Website Addr	ess:	
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU M	UST SELECT ONE OF THE FOL	LOWING:			
(a) I hereby affirm that I am either a resident of the legislative district if it contains all or parts of mo		ndidate, if it contain	s one or more le	gislative districts,	or of the
(b) I hereby affirm that I will meet the residency que of the Secretary of State in writing when I qualify FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:		or 6 months precedin	g the general ele	ection and will no	tify the office
Candidate Filing Fee, if applicable, in the amount of	\$	s hereby submitted	with this Declara	tion and Oath of	Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESE	NCE OF A NOTARY PUBLIC OF	R AN OFFICER OF THE O	OFFICE WHERE THI	S FORM IS FILED:	
I hereby affirm that I possess, or will possess within co					titution and laws of
the United States and the State of Montana.		. 1	. 1		
Si Sandidata			23/21	-	
Signature of Candidate  NOTARY PUBLIC OR AUTHORIZED OFFICER		Date			
State of Montana					
County of Ca Scade day of	April	20_24by_	Lisa M	leyers	
Where to file Federal, Statewide,		Pri	nted Name of Co	pdidate	
State District and Legislative offices:		1 Oly	LOSK	(0)	
Montana Secretary of State P.O. Box 202801		Signature of No	stary or Public O	fficial	and the second s
State Capitol Building, 1301 E. 6 <sup>th</sup> Ave			TONI	KOOP	8
2 <sup>nd</sup> Floor, Room 260 Helena, MT 59620			Printed Na	me of Notary Pub	olic
Online: sosmt.gov/elections/filing/			Notany Buk	olic for the State o	MI
Fax: 406-444-2023		NI ROOPE		C 1T	11- 00
Where to file County, City and most		PUBLIC for the of Montana	Residing at	: Great ta	115, 1011
Local District offices: County Election Office	SEAT Residin	g at Great Falls, Montana	My commi	ssion expires:	27 ,20 25
A list of county election offices may be	/My/Com	mission Expires lary 27, 2025	,		
found at: sosmt.gov/elections	Janu	idi y £1 , £020			



6	Filed thisday of	,20
FILING E ONLY	Document #	
FFICE	Fee paid: cash check	credit
F 8	Ву:	
	Denuty or Filing Officer	

Oath of Candidacy	and Ad	Fee paid: ca	sh check credit
Cathol Candidacy 1202 8	D YAM	Deputy or Fili	ng Officer
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STA	TE OR COUNTY ELECT		
Filing for Office of: NEISHBORHOOD CONVCIL 7			OR Nonpartisan
Full name of office including district and/or department numbers i	if applicable	Name of Political Party	
Candidate Name (printed exactly as it should appear on the ballot):	TREVOR /	Nikkerster	
Mailing Address	City and Sta	te	Zip Code
700 3RP AVEN	GREA	FAUS MT	5940/
Residence Address	City and Sta	ate	Zip Code
County of Residence Contact Phone Ema	ail Address		ebsite Address
CASCADÉ 406 781 9699 TW	TMIKKESEN	HOT MAIL COM	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE	THE FOLLOWING INF	ORMATION:	
Lieutenant Governor Name (printed exactly as it should appear on the l	ballot):		
Mailing Address:	Residence A	ddress:	
	Residence A		
Phone: Email Address:  IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE O	OF THE FOLLOWING:	Website Ad	ldress:
_		if it contains one or more	logiclative districts or of the
(a) I hereby affirm that I am either a resident of the county in which legislative district if it contains all or parts of more than one county		ij it contains one or more	registative districts, or of the
(b) I hereby affirm that I will meet the residency qualification(s) in (		hs preceding the general	election and will notify the office
of the Secretary of State in writing when I qualify or if I do not qualify FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	ualify.		
Candidate Filing Fee, if applicable, in the amount of \$	is hereby	submitted with this Decl	aration and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY			
I hereby affirm that I possess, or will possess within constitutional and			
the United States and the State of Montana.		m. 3 0	021
Signature of Candidate	X	Date Date	021
NOTARY PUBLIC OR AUTHORIZED OFFICER		Date	
State of Montana			
County of		by Rew	e Mikidson.
Where to file Federal, Statewide,	+	Printed Name of	canaldate
State District and Legislative offices:  Montana Secretary of State	5:	JUINCE TO	06:24
P.O. Box 202801	Sign	ature of Notary or Public	Official
State Capitol Building, 1301 E. 6 <sup>th</sup> Ave 2 <sup>nd</sup> Floor, Room 260	BONNIE FOGER		ll togethy
Helena, MT 59620	NOTARY PUBLIC fo State of Montana		Name of Notary Public
Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	Residing at Great Falls, My Commission Exp	pires	Public for the State of
Where to file County, City and most	September 3, 202	Residing	at: Quattalls Montana
Local District offices: County Election Office		My com	mission expires: 2001
A list of county election offices may be	/STAMP]		
found at: sosmt.gov/elections			



found at: sosmt.gov/elections

### Declaration for Nomination and Oath of Candidacy

5 ≥	Filed this A day of April 20	21
OR FILING FFICE ONLY	Document #	edit
- ō	By: Deputy or Filing Officer	

4	Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STA	TE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE	
Filling for office of:  **NEIGHBORHOOD COUNCIL** 7  Full name of office including district and/or department numbers	if applicable  DEMOCRAT  Name of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should appear on the ballot):	SANDRA RICE	
Mailing Address	City and State	Zip Code
909 3RD AVENUE NORTH #4	GREAT FALLS MT	59401
Residence Address	City and State	Zip Code
909 3RD AVENUE NORTH 44	GREAT FALLS MT	59401
County of Residence Contact Phone Ema	il Address Website Address	
CASCADE 908-328-1658 SA	ANDYLOVES BOOKS @GMAIL, COM	NIA
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE	THE FOLLOWING INFORMATION:	
Lieutenant Governor Name (printed exactly as it should appear on the	ballot):	
Mailing Address:	Residence Address:	
Phone: Email Address:	Website Address:	
IF THIS DECLARATION IS FOR THE <b>STATE LEGISLATURE</b> , YOU MUST SELECT ONE	OF THE FOLLOWING:	
(a) I hereby affirm that I am either a resident of the county in which legislative district if it contains all or parts of more than one could		or of the
(b) I hereby affirm that I will meet the residency qualification(s) in ( of the Secretary of State in writing when I qualify or if I do not qu		otify the office
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	· 1	
Candidate Filing Fee, if applicable, in the amount of \$	is hereby submitted with this Declaration and Oath of	Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTAR		
I hereby affirm that I possess, or will possess within constitutional and the United States and the State of Montana.	a statutory deadlines, the qualifications prescribed by the Cons	titution and laws of
0-10:11.11	4/22/2011	
Signature of Candidate	Date 4/23/2021	
NOTARY PUBLIC OR AUTHORIZED OFFICER		
State of Montana County of ASCADE		
Signed and sworn to before me this <u>37</u> day of <u>April</u>	2021 by SANTA RICE	·
Where to file Federal, Statewide,	Printed Name of Candidate	1
State District and Legislative offices:	1 flolu Stewar	V-
Montana Secretary of State P.O. Box 202801	Signature of Notary or Public Official	
State Capitol Building, 1301 E. 6 <sup>th</sup> Ave	Dolling Ste	rinch
2 <sup>nd</sup> Floor, Room 260	Printed Name of Notary Pul	blic
Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023  SEAL	DEBBIE STEWART NOTARY PUBLIC for the State of Montane  Notary Public for the State of	of
Where to file County, City and most	siding at Great Falls, Montana My Commission Expires Residing at:	
Local District offices: County Election Office	May 9, 2022 My commission expires:	, 20
	/STAMP]	

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